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ABSTRACT

This annotated bibliography lists publications and World Wide Web sites dealing with health communication and literacy. The 51 publications, which were all published between 1982 and 1998, contain information about and/or for use in the following areas: assessment, assessment tools, elderly adults, empowerment, maternal and child health, patient education, plain language, and plain language materials. The following are among the topics covered within those broad areas: assessment of the reading ability and communication skills of elderly individuals; data collection methods; assessment of the difficulty level of health-related materials; socioeconomic factors affecting patient assessment; drug compliance among elderly individuals; empowerment and community health; patient education related to specific types of cancer, diabetes, and lupus; patient education models; and patient education materials devoted to nutrition. The following are among the materials available at the nine Web sites listed: search engines; links to health- and nutrition-related Web sites whose usability has been rated by practitioners in the field; evaluation instruments for determining the appropriateness of health-related Web sites; resources for literacy practitioners; and health education curricula and materials focused on cancer detection. Concluding the bibliography is an un-annotated list of 15 additional articles. (MN)

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Health Communication and Literacy: An annotated bibliography

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Preface

This bibliography is an update of an earlier version published by The Centre for Literacy in the Fall of 1995. That edition incorporated, with permission, entries created at the Harvard School of Public Health and distributed at the World Education Literacy and Health conference at Tuft's University in June 1995.

At that time, we concentrated on items published between 1990 and 1995, recognizing that there is an earlier literature dating back to the early 1980's and that work on clear communication and health education has existed for much longer than that.

In this edition, we have added more than twenty entries on articles which have appeared since 1995. Interest in the topic of literacy and health has grown enormously as indicated by the large number of titles which show up in a search. We have chosen to annotate the twenty-some new entries and simply to list others based on the time allocated to this project rather than on a judgment about relative merit. Other researchers might have made different selections. However, we do believe that this selection gives a sense of the current range of perspectives on literacy and health in the health care field.

Notes on style
We have retained the spelling from the original title, Canadian or American; so the same word may be spelled differently in different annotations.

We have also chosen to use the designation "low-literate" when authors used the term "illiterate." We know that the issue of labels is a charged one, but still believe that "low-literate" implies that literacy abilities lie on a continuum.

How to use this bibliography
Because the number of entries has almost doubled from the first edition, we have added key words and arranged the articles alphabetically according to these words. For example, the first keyword is ASSESSMENT: ELDERLY; all articles dealing directly with that topic are listed alphabetically by author under that heading. In the table of contents, we have listed keywords and the page on which each begins. This should help readers who are looking for articles with a specific focus.

All new entries are marked with an asterisk.

Acknowledgments

The new articles were gathered and annotated by Jennifer Beveridge, a Dawson College nursing student who worked as a summer student assistant at The Centre in 1998. She has abridged some of the annotations from versions in the journals in which they were published; she wrote the remaining ones. Our goal was to make the entries understandable to both professional and non-professional readers.

Meg Sinclair, our Resource Librarian, helped search for titles and organized the entries by keyword.

Beth Wall, our Manager, supervised data entry and oversaw the publication process.

The research component of this project was funded by a grant from Canada Post.

Publication was funded by a portion of proceeds from Quebec Golf Day for Literacy 1998.

This project falls within the Health and Literacy portfolio of our 1998-99 Community Outreach Project funded by the National Literacy Secretariat, Human Resources Development Canada.

The Centre for Literacy gratefully acknowledges that the publication could not have been done without this support and collaboration.

We ask anyone who wishes to use this document and add entries to please acknowledge and share a copy with us at the address below:

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Dr. Linda Shohet
Director
September 1998

Health, communication and literacy: An annotated bibliography

ASSESSMENT: ELDERLY

Esposito, L. (1995, May).
The effects of medication education on adherence to medication regimens in an elderly population.
Journal of Advanced Nursing, 21(5), 935-943.

The purpose of this study was to evaluate educational protocols to discover which would be more effective in increasing medication compliance rates within an elderly population. Forty-two patients were randomly divided into four groups. Group 1 received a standard education, group 2 received the standard education and 30 minutes of verbal instruction, group 3 received the standard education and a medical schedule; and group 4 received the standard education, a medical schedule, and 30 minutes of verbal instruction. Results were that groups 1 and 2 had higher rates of errors with medication than groups 3 and 4. The groups with a medication schedule had higher compliance rates.

ASSESSMENT: ELDERLY

Walmsley, S., & Allington, R. L. (1982).
Reading abilities of elderly persons in relation to the difficulty of essential documents.
Gerontologist, 22, pp. 36-38.

The study addresses the question of how elderly persons cope with the reading demands of service agencies, among them health services. Ninety elderly persons were tested for their reading ability, and 126 documents from seven agencies were analyzed for their readability. When the reading ability of the tested persons was matched against document difficulty, two thirds of the sample had reading abilities lower than 8th grade, whereas 98% of the documents had readability levels at or above 9th grade. This is problematic in that the elderly are the least literate of the population and the most frequent users of health services.

ASSESSMENT: ELDERLY

* Weiss, B. D., Reed, R. L., & Kligman, E. W. (1995).

Literacy skills and communication methods of low-income older persons.
Patient Education and Counseling, 25, pp. 109-119.

The objectives of this study were to (a) characterize the literacy skills of low-income, community-dwelling, older adults, (b) determine how they obtain information, and (c) determine whether they have difficulty understanding written information provided by clinicians. Ninety-seven percent used television as a source of information and one-fourth of those tested had difficulty with written materials.

ASSESSMENT: ELDERLY

Wolfe, S. C., & Schirm, V. (1992, May-June).
Medication counseling for the elderly: Effects on knowledge compliance after hospital discharge.
Geriatric Nursing, 13, pp. 134-139.

The purpose of this study was to investigate whether elderly patients who receive pre-discharge counseling are more compliant and knowledgeable about their medical regimen than those who do not receive counseling. Specifically investigated was the effect of medication counseling on elderly persons' medication after returning home.

ASSESSMENT: METHODS OF DATA COLLECTION

Sullivan, L. M., Dukes, K. A., Harris, et al. (1995, April).
A comparison of various methods of collecting self-reported health outcomes data among low-income and minority patients.
Medical Care, 33(4 Suppl P), pp. 183-194.

A research project concluded that expensive, labor-intensive data collection methods such as in-home interviews are not necessary for many low-income, minority patients to generate high-quality, reliable health status data. Using appropriate screening instruments, those patient subgroups needing special help (such as some elderly patients) can be identified and targeted for less expensive data collection methods. This tiered approach has policy implications for the cost, feasibility, and quality of data collection in health outcomes research.

ASSESSMENT: PATIENT LITERACY

* Baker, D. W., Parker, R. M., Williams, M. V., et al. (1996, June).
The health care experience of patients with low literacy.
Archives of Family Medicine, 5, pp. 329-334.

Researchers, studying 60 patients whose reading levels were determined to be marginal to poor, have demonstrated the difficulties experienced, as well as the coping mechanisms used by these patients within the health care environment.

ASSESSMENT: PATIENT LITERACY

* Baker, D. W., Parker, R. M., Williams, M. V., et al. (1997, June).

The relationship of patient reading ability to self-reported health and use of health services.

American Journal of Public Health, 87(6), 1027-1030.

According to researchers there is a correlation between a person's literacy level, years of schooling and their use of various health services, as well as their personal health perceptions. This study reveals that those persons with low literacy levels are more likely to report poor personal health.

ASSESSMENT: PATIENT LITERACY

* Brez, S. M., & Taylor, M. (1997).

Assessing literacy for patient teaching: Perspectives of adults with low literacy skills.

Journal of Advanced Nursing, 25, 1040-1047.

The purpose of this qualitative study was to gain an understanding of the response of English-speaking adults with low literacy skills to screening of reading ability in order to facilitate the planning of patient teaching in a hospital setting. Factors found to influence responses to screening included perceived risks of exposure and perceived risks of nondisclosure during hospitalization.

ASSESSMENT: PATIENT LITERACY

* Weiss, B. D., & Coyne, C. (1997, July).

Communicating with patients who cannot read.
The New England Journal of Medicine, 337, 272-274.

In 1992, 26, 000 adults were tested by the Department of Education to determine their literacy level. The results indicated that nearly one quarter of American adults function at a low level of literacy. Clinicians should keep these findings in mind in order to ensure effective health care and patient comprehension.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

* Cooley, M. E., Moriarty, H., Berger, et al. (1995).

Patient literacy and the readability of written cancer education materials.
Oncology Nursing Forum, 22(9), pp. 1345-1351.

A group of 63 cancer patients were tested to determine their level of comprehension of current written cancer information and were also asked to indicate those materials they found most understandable.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

* Glazer, H. R., Kirk, L. M., & Bosler, F. E. (1996).

Patient education pamphlets about prevention, detection, and treatment of breast cancer for low-literacy women.

Patient Education and Counseling, 27, pp. 185-189.

Researchers looked at nineteen pamphlets that provide information on presentation, detection, and treatment of breast cancer. The pamphlets were determined to be written at a 9th grade level, whereas the women tested possessed, on average, a 6th-grade reading level, indicating a need for better assessment of future written material.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

* Johnson, M. E., Mailloux, S. L., & Fisher, D. G. (1997, January).

The readability of HIV/AIDS educational materials targeted to drug users.

American Journal of Public Health, 87(1), 112-113.

Researchers, comparing the readability of HIV/AIDS material to the comprehension level of intravenous drug users, have shown that written education materials are above the average literacy level.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

Miller, B., & Bodie, M. (1994, March-April).

Determination of reading comprehension level for effective patient health education materials.

Nursing Research, 43(2), pp. 188-189.

Research pertaining to literacy levels of patient education materials found that these materials were, on average, 6 levels higher than the literacy level of the average patient. Special consideration was given to finding a difference between comprehension and recognition of a word. It was discovered that while many can recognize a word, it does not mean that they understand the significance of the instructions being provided.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

* Williams, D.M., Counselman, F.L., & Caggiano, C.D. (1996, January).

Emergency department discharge instructions and patient literacy: A problem of disparity.

American Journal of Emergency Medicine, 14(1), pp.19-22.

This two-part study was designed to determine the reading level necessary to understand commonly used emergency department discharge instructions and the functional reading level of adult patients treated in an urban hospital emergency department. It was found that written materials were often above the comprehension level of many patients and that a patient's level of education was not always an accurate indicator of literacy level.

ASSESSMENT: SOCIOECONOMIC FACTORS

* Davis, T. C., Arnold, C., Benkel, H. J., et al. (1996, November).

Knowledge and attitude on screening mammography among low-literacy, low-income women.

Cancer, 78(9), pp. 1912-1920.

Researchers have shown an association between the increased mortality rate of low-income, low-literate women and their under utilization of screening mammography which plays a major role in the early detection of breast cancer.

ASSESSMENT: SOCIOECONOMIC FACTORS

Jackson, R. , & Davis, T. (1993).

Explaining the connection between privilege and health.

New England Journal of Medicine 330(2), 139-140.

Patients must be able to read at least at a grade 10 level to understand most patient education materials, health articles in lay press, consent forms, prescription bottles, etc. This is problematic as those who cannot understand this information have difficulty being active participants in preventive care. Because level of education is not a guarantee of level of literacy, the researchers suggest that literacy tests should be given to all patients. This will improve health care, especially for those of low socioeconomic status.

ASSESSMENT TOOLS: PATIENT LITERACY

Davis, T. C., Long, S. W., Jackson, R. H., et al. (1993, June).
Rapid estimate of adult literacy in medicine: A shortened screening instrument.
Family Medicine, 25(6), pp. 391-395.

Due to increased awareness of the link between literacy and health, tests have been developed to assess the literacy level of patients in order to determine their needs in terms of health care information. An analysis of 'REALM,' a quick, efficient, and easy-to-administer literacy test is provided within this paper. 'REALM' was found to be a valid and reliable instrument with practical value as a rapid estimate of patient literacy and as an additional tool to address the health care needs of low-literacy patients.

ASSESSMENT TOOLS: PATIENT LITERACY

Kanonowicz, L. (1993).
National project to publicize link between literacy, health.
Canadian Medical Association Journal, 148(7), 1201-1202.

There is a strong link between literacy and health, a link that many health providers do not recognize. This is problematic in that patients with low literacy levels are less likely to be active participants in issues pertaining to their health such as diet and exercise, as well as following instructions on prescription bottles. For this reason, the Canadian Public Health Association launched a National Demonstration Project on Literacy and Health which offers procedures that health providers can follow in order to determine literacy levels of patients, as well as to create more 'literacy friendly' offices.

ASSESSMENT TOOLS: PATIENT LITERACY

* Murphy, P.W., & Davis, T.C. (1997,October).

When low literacy blocks compliance.

RN, pp. 58-64.

Results of the National Adult Literacy Survey (NALS) show that at least 40 million adults – 21% of Americans over the age of 16 – have only the most rudimentary reading, writing, and math skills. Averages like these lead to unforeseen dangers, especially in regard to patients and their ability to follow medication labels or written instructions. This article offers strategies to identify clients with low literacy levels, as well as methods for client teaching.

ASSESSMENT TOOLS: PATIENT LITERACY

* Parker, R. M., Baker, D. W., Williams, M. V., & Nurss, J. R. (1995, October).

The test of functional health literacy in adults: A new instrument for measuring patients' literacy skills.

Journal of General Internal Medicine, 10(10), 537-541.

In order to determine a patient's level of health literacy, a new instrument referred to as the TOFHLA, or Test of Functional Health Literacy in Adults, has been developed. This test looks at reading comprehension and numerical ability.

ASSESSMENT TOOLS: PATIENT LITERACY

* Williams, M. V., Parker, R. M., Baker, D. W., et al. (1995, December).
Inadequate functional health literacy among patients at two public hospitals.
Journal of the American Medical Association, 274(21), 1677-1682.

Utilizing the TOFHLA, or Test of Functional Health Literacy in Adults, a group of researchers tested the reading ability of over 2500 patients at two public hospitals. The results indicated that many patients were unable to understand basic medical instructions.

ELDERLY: DRUG COMPLIANCE

Salzman, C. (1995).
Medication compliance in the elderly.
Journal of Clinical Psychiatry, 56[Suppl 1], 18-22.

Noncompliant drug-taking in the elderly population ranges from 40% to as high as 75%. Three common forms of drug noncompliance are: overuse and abuse, forgetting, and alteration of schedules and doses. Many reasons were discovered for noncompliance such as the amount of drugs taken by the elderly, dementia and poor follow-up by the doctor. Techniques for improving drug compliance in the elderly include: Pill containers with easy accessibility, improving communication between doctor and patient, and large print labeling.

ELDERLY: DRUG COMPLIANCE

Schmitz, A. (1991, Sept.-Oct.).
Our other drug problem.
In Health, 14, pp. 24+.

Over 200,000 elderly are hospitalized each year because of the drugs they are given by health care providers. As a result, mismedication is considered to be the other drug problem in North America. Data is provided concerning this phenomenon and solutions are offered as a means to change this trend.

EMPOWERMENT: COMMUNITY HEALTH

Wallerstein, N. (1993).
Empowerment and health: The theory and practice of community change.
Community Development Journal, 28(3), 219-227.

Quality of life, including health care, has been guaranteed to only those in positions of power. In contrast, those who are disempowered, or powerless, have less control over the decisions that may ultimately control their lives. This article describes how disempowered communities gain control of their quality of life by participating in social action processes that enhance individual and community decision-making.

EMPOWERMENT: COMMUNITY HEALTH

Wallerstein, N., & Bernstein, E. (1994, Summer).
Introduction to community empowerment, participatory education and health.
Health Education Quarterly, 21(2), pp. 141-148.

Community empowerment is key to building a successful Health Program Policy. In order to achieve this, it is necessary that health practitioners recognize their privileged position and activate preventive health measures that are in tune with the needs of disempowered individuals and communities. A top priority is to have community members themselves develop goals for their health care and, as a result, become empowered.

EMPOWERMENT: SOCIOECONOMIC FACTORS

Frank, J. W., & Mustard, J. F. (1994, Fall).
The determinants of health from a historical perspective.
Daedalus: Journal of the American Academy of Arts and Sciences, 123(4), 1-19.

This article offers a historical overview of factors relating to health and health care. It claims there is a correlation between health status and economic status. For example, those of higher economic status and privilege in terms of perceived self control over destiny are consistently healthier than those of lower economic status. This correlation has not altered over the last 1000 years.

MATERNAL CHILD HEALTH

* Sandiford, P., Cassel, J., Sanchez, G., & Coldham, C. (1997).

Does intelligence account for the link between maternal literacy and child survival?

Social Science and Medicine, 45, pp. 1231-1239.

This paper examines the effect of maternal intelligence in child health and looks at the degree to which it can explain the literacy associations with child survival and risk of malnutrition.

PATIENT EDUCATION: CANCER

* Doak, C. C., Doak, L. G., Friedell, G. H., et al. (1998, May-June).

Improving comprehension for cancer patients with low literacy skills: Strategies for clinicians.

CA - A Cancer Journal for Clinicians, 48(3), 151-163.

This paper reviews the problem of low literacy and its effects on a patient's ability to understand written materials regarding his/her cancer, as well as offering methods to improve patient comprehension.

PATIENT EDUCATION: CANCER

* Foltz, A., & Sullivan, J. (1996).

Reading level, learning presentation preference, and desire for information among cancer patients.

Journal of Cancer Education, 11, 32-38.

The amount of information a cancer patient wants to receive and the desire for involvement in determining treatment are highly subjective. Therefore, as this study points out, it is necessary to assess these factors, including a patient's reading level, before attempting to plan patient teaching sessions.

PATIENT EDUCATION: COLON CANCER

* Meade, C. D., McKinney, W. P., & Barnas, G.P. (1994, January).

Educating patients with limited literacy skills: The effectiveness of printed and videotaped materials about colon cancer.

American Journal of Public Health, 84(1), pp.119-121.

Efforts to reduce colon cancer mortality and morbidity focus primarily on early detection and treatment. Printed materials are commonly used to communicate screening guidelines and detection practices, yet they are often produced at reading levels above that of the intended reader. For this reason researchers compared the efficacy of written material to that of videotape to determine which might be better suited to the needs of the low-literate client.

PATIENT EDUCATION: DIABETES

* Kicklighter, J. R., & Stein, M. A. (1993, Jan/Feb).

Factors influencing diabetic clients' ability to read and comprehend printed diabetic diet material.

The Diabetes Educator, 19(1), pp. 40-46.

Factors related to diabetic clients' abilities to read and comprehend printed diabetic diet material were explored by collecting data from 58 outpatient diabetic clinics. Social and demographic variables, prior knowledge, reading ability and comprehension of the diet were analyzed. The results indicated that vocabulary scores, client age, and duration of diabetes were the strongest determinants of client comprehension.

PATIENT EDUCATION: DIABETES

Simenerio, L. M., & Frith, M. (1993, January).

Need to assess readability of written materials for diabetes education curricula.

Diabetes Care, 16(1), pp. 391-393.

Diabetes is a disease that requires a large amount of self care if it is to be controlled. Findings show that although there is a lot of written material that provides information about self care, many people with diabetes are continuing to suffer from diabetes related illness. Thus, it is concluded that the self care information provided about diabetes is inaccessible to those with low levels of literacy. Suggestions of alternative methods for communication about self care are provided.

PATIENT EDUCATION: DIABETES

* Williams, M. V., Baker, D. W., Parker, R. M., et al (1998, January).
Relationship of functional health literacy to patients' knowledge of their chronic disease.
Archives of Internal Medicine, 158, pp. 166-172.

A group of researchers, focusing on patients with diabetes and hypertension, has determined that patients with inadequate literacy skills are unable to effectively control the physical manifestations of their illness even after receiving educational material and/or classes.

PATIENT EDUCATION: ELDERLY

Murphy, P., Davis, T., Jackson, H., et al. (1993, June).
Effects of literacy on health care of the aged: Implications for health professionals.
Educational Gerontology, 19(4), pp. 311-316.

Levels of literacy have an impact on the quality of life of the elderly patient. Those elderly patients who cannot understand the health information provided have difficulty being active participants in their health care. This article explores the effects of low literacy on health and provides strategies suitable for elderly persons with low literacy.

PATIENT EDUCATION: ELDERLY

Weinstein-Shr, G. (1993, December).
Growing old in America: Learning English literacy in the later years.
ERIC Digest.

In the last half century, thousands of refugees and immigrants have come to the United States. While the proportion of elderly people in this population may be relatively small, it is large enough to contribute to the aging low-literate population of the U.S. For this reason language and literacy programs for this population must be addressed and programs and practices for serving the aging population must be highlighted.

PATIENT EDUCATION: ELDERLY

Williamson, J. (1991, Winter).
Health care for an aging population.
Pharos, 4, pp. 2-6.

A five-step strategy is offered in planning comprehensive health care for the elderly. Recognizing that both biological and behavioral factors create special needs within the elderly population, this approach assesses means with which to offer education to both elderly and caregivers. These strategies include: 1. prevention, 2. specialist geriatric service, 3. primary care, 4. special care in a non-geriatric service, and 5. improvement of quality of care in long term institutions. The onus of adequate education is on the caregiver.

PATIENT EDUCATION: LUPUS

* Hearth-Holmel, M., Murphy, P.W., Davis, T.C., et al. (1997).

Literacy in patients with chronic disease: Systemic lupus erythematosus and the reading level of patient education materials.

The Journal Rheumatology, 24(12), pp.2335-2339.

To determine the effectiveness of written materials used to educate patients with systemic lupus erythematosus (SLE), researchers tested the literacy level of 94 patients suffering from SLE. Results showed that while the average American adult reading level was between 8th and 9th grade, only a small percentage of education materials involving SLE were written below the 10th grade reading level.

PATIENT EDUCATION: MODELS

Harper, P., & Van Riper, S. (1993).

Implantable caroverter defibrillator: A patient education model for the illiterate patient.

Critical Care Nurse, 13(2), pp. 55-59.

Description of a patient teaching plan that can be modified to meet the needs of all patients, including those with low literacy. Due to the complexity of technologies being introduced in health care, these plans are essential so that patients can become active participants in their health care. The plans include videocassettes, simple cartoon drawing, etc.

PATIENT EDUCATION: MODELS

* Mayeaux, Jr, E.J., Murphy, P. W., Arnold, C.M. S., et al. (1996, January). Improving patient education for patients with low literacy skills. American Family Physician, 53(1), pp.205-211.

To effectively utilize the health care system as it stands today requires a high school level reading ability. Unfortunately, approximately 47% of American adults have a reading level equivalent to the 8th or 9th grade. This has created a dangerous situation for many people, especially when considering medication labels. This article points out myths about patient education and, also, methods for more effective patient teaching.

PATIENT EDUCATION: MODELS

Plimpton, S.; & Root, J. (1994, Jan.-Feb.). Materials and strategies that work in low literacy health communication. Public Health Reports, 1109, pp. 86-92.

Effective communication is the backbone of health promotion and disease prevention. Research shows, however, that 30-50 percent of the population are unable to understand health care messages. Thus, in a Maine Health Education Center, professionals in health education and adult education were trained to produce easy-to-read health materials and created dozens of low-cost pamphlets on the nation's year 2000 health objectives. Concurrently, a model for teaching oral communication skills to health care providers who deal with low-literacy adults was developed in partnership with Maine's largest rural health center delivery system.

PATIENT EDUCATION: MODELS

Weiss, R. (1993).
Identifying and communicating with patients who have poor literacy skills.
Family Medicine, 25(6), pp. 369-370.

Commentary: Literacy skills are associated with better health status for two reasons. Lack of self empowerment over external events may affect the patient's life, and low-literate people may fail to obtain necessary preventative and therapeutic health services because they are unable to understand the written information provided. Recommendations include: Developing non-written means of communicating including alternative methods of conveying information such as audio/visual materials, and developing written materials that match the needs of low literacy patients, etc. Suggestions also include encouraging each health service office to provide an 'unobtrusive' literacy exam to assess literacy needs of patients.

PATIENT EDUCATION: NUTRITION

Crawford, S. (1995, January).
Promoting dietary change.
Canadian Journal of Cardiology, 11(Suppl A), 14A-15A.

The discouraging failure rate of counseling patients for dietary change suggests that traditional methods require some reconsideration. These traditional methods have been frequently based on generalized assumptions regarding patients' health values, their need for knowledge, level of literacy, and ability to translate abstract concepts into daily food intake. Both patient and counsellor often insufficiently examine the environmental context of the dietary change to determine whether or not they are feasible. This overview examines ways in which nutrition can be enhanced through development of self-learning in the skills needed for lasting change.

PATIENT EDUCATION: NUTRITION

* Howard-Pitney, B., Winkleby, M. A., Albright, C. L., et al. (1997, December).
The standard nutrition action program: A dietary intervention for low literacy adults.
American Journal of Public Health, 87(12), pp.1971-1976.

Few comprehensive nutrition programs for cardiovascular disease risk factor reduction have been developed specifically for adults with low literacy skills despite a growing awareness of the need for such programs. The Stanford Nutrition Action Program curriculum, tailored to the cultural, economic, and learning needs of low-literacy, low-income adults, was found to be significantly more effective than the general nutrition curriculum in achieving fat-related nutritional changes.

PATIENT EDUCATION: POLICIES

Elson, L. (1993).
Literacy and health.
Canadian Medical Association Journal, 149(10A), 1382.

Letter: Inappropriate behavior by physicians concerning these patients can only serve as a barrier between these patients and health information. Offices and health care services sensitive to the issue must be created. Some suggestions include: Examining the language of health care documents and of the health care provider, explaining all information orally, regardless of the patient's background, etc.

PATIENT EDUCATION: POLICIES

Hammad, A. (1992, March).
Functional literacy, health, and quality of life.
Annals of the American Academy of Political and Social Science, 520, pp. 103-120.

Productivity of a population increases when the population is actively participating in decision-making and is autonomous in terms of choice-making. Functional literacy plays a major role in attaining this status. This article explains how education is imperative to a healthy and rewarding life, especially for the health of women. By combining the need for increased health and increased levels of literacy, policies ensuring that health care is more accessible to everyone will serve to augment both health and productivity.

PATIENT EDUCATION: POLICIES

Morgan, P. (1993).
Illiteracy can have major impact on patients' understanding of health care information.
Canadian Medical Association Journal, 148(7), 1196-1197.

Health information is communicated in such a way that it is inaccessible to those patients who have literacy problems. 38% of Canadians have some difficulty reading in either of Canada's official languages. Therefore, those who have the greatest need to understand health-related messages are least likely to have the skills necessary to read them. It is suggested that plain language be built into health information kits.

PATIENT EDUCATION: POLICIES

* National Work Group on Literacy and Health (1998, February).
Communicating with patients who have limited literacy skills.
The Journal of Family Practice, 46(2), 168-175.

The purpose of this report is to characterize the current status of literacy in the United States, describe the relationship between poverty and poor health, and make recommendations on how to deal with patients who have poor reading skills.

PLAIN LANGUAGE: POLICIES

Koba, H. (1993).
Putting it plainly becomes communications mission of Ontario's Ministry of Health.
Canadian Medical Association Journal, 148(7), 1202-1203.

Plain language is a tool for creating more open lines of communication. Although it in no way compensates for literacy programs, plain language does broaden communication. When both plain language and literacy are taken into consideration, broader audiences are reached in terms of health information. Plain language helps prevent language being used as a political tool in that more people become aware of decisions that are being made for them and have more opportunity to participate in the decision making process.

PLAIN LANGUAGE MATERIALS: CANCER

* Doak, L. G., Doak, C. C., & Meade, C. D. (1996).
Strategies to improve cancer education materials.
Oncology Nursing Forum, 23(8), pp. 1305-1312.

This paper discusses methods to improve the readability of written materials for those with low literacy levels in order to reach a wider cross-section of the population regarding cancer, its detection and treatment.

PLAIN LANGUAGE MATERIALS: CANCER

Harlander, L., & Ruccione, K. (1993).
Fotoplatica: An innovative teaching method for families with low literacy and high stress.
Journal of Pediatric Oncology Nursing, 10(3), 112-114.

An overview of Fotoplatica, pictorial posters used to explain procedures and pain experienced during cancer treatment. The target group for this experiment was low-literate Latino families whose children have cancer. The method was found to be extremely effective in creating a higher level of understanding and in decreasing anxiety.

PLAIN LANGUAGE MATERIALS: MATERNAL CHILD HEALTH

Berger, D., Inkelas, M., Myhre, S., et al. (1994, March-April). Developing health education materials for inner-city low literacy parents. Public Health Reports, 109, pp. 168-72.

The question of identifying and treating childhood illness confronts all new parents. Misconceptions often lead parents to manage illness in their young children inappropriately through overly aggressive treatment or insufficient attention. This responsibility is especially challenging for low-income new parents who lack the literacy levels needed to understand and use much of the existing health education literature and who are without access to health facilities and providers. In response to a perceived need for health information directed at low-income, low-literate parents, students from the University of California at Los Angeles School of Public Health created an easy-to-use reference booklet. The booklet assists parents in treating common childhood illness and identifying more serious diseases requiring medical attention.

Websites of interest

odphp.osophs.dhhs.gov/CONFRNCE/partnr98/agenda.htm

This site offers an outline of the agenda as well as steps to register for the Partnerships '98 Conference which deals with quality of online health resources.

www.hon.ch/

The Health On the Net Foundation

The Health On the Net Foundation is a non-profit organization dedicated to realizing the benefits of the internet and related technologies in the fields of medicine and health care. The website offers, amongst others things, a number of search engines and the "HON Code of Conduct for Medical and Health Websites".

www.navigator.tufts.edu

This provides lists and links to websites which have been rated using evaluation criteria developed by nutritionists at Tufts University. The evaluation criteria includes accuracy, depth, site updates, and usability. Evaluations are updated quarterly.

www.scipich.org

Available as of October 14th, 1998, this website is being developed by a panel of experts in the fields of medicine, human-computer interaction, public health, communication sciences, educational technology, and health promotion. Seemingly addressed to professionals, the site includes guidelines for evaluating an interactive health communication application.

www.sph.emory.edu/WELLNESS/abstract.htm

This website provides an evaluation instrument that can be used by health educators and clinicians to determine the appropriateness of a website for the use of patient teaching.

www.nald.ca/nlhp.htm

Canadian Public Health Association. National Literacy and Health Program

CPHA's National Literacy and Health Program provides resources to help health professionals serve clients with low literacy skills more effectively. The program focuses on health information in plain language and clear verbal communication between health professionals and the clients they serve.

www.nifl.gov/nifl-health

National Institute for Literacy, U.S.

NIFL was created in1991 to be the hub of national literacy efforts. By serving as a resource for the literacy community, the Institute assists in addressing national priorities in the United States -- upgrading the workforce, reducing welfare dependency, raising the standard of living, and creating safer communities. NIFL provides this forum list/serv for researchers and practitioners to discuss issues in the field of health and literacy.

novel.nifl.gov/newworld/HEALTH.HTM

National Institute for Literacy

This emerging area -- new for both the literacy and medical fields -- has grown out of the recognition that there is a significant overlap in the populations served and that better literacy skills can contribute to greater well-being.

www.worlded.org/projects/HEAL/HEALHOME.HTM

World Education

The HEAL Project introduces health education curricula and materials focused on early detection of breast and cervical cancer into Adult Basic Education (ABE) and English as a Second Language (ESOL) programs around the United States. The HEAL project is funded by the Centers for Disease Control and Prevention (CDC) and is coordinated by World Education, Inc.

Additional articles of interest

ASSESSMENT: ELDERLY

* Pepe, M.V., Chodzko-Zajko, W. J. (1997, Jan/Feb).

Impact of older adults' reading ability on the comprehension and recall of cholesterol information.

Journal of Health Education, 28(1), pp. 26-7.

ASSESSMENT: PLAIN LANGUAGE MATERIALS

* Albright, J., deGuzman, C., Acebo, P., et al (1996, August).

Readability of patient education materials: Implications for clinical practice.

Applied Nursing Research, 9(3), pp.139-43.

* Dollahite, J., Thompson, C., McNew, R. (1996, March).

Readability of printed sources of diet and health information.

Patient Education & Counseling, 27(2), pp.123-34.

ASSESSMENT TOOLS: PATIENT LITERACY

* University of Colorado, Denver, USA. (1998, April 15).

The illiterate patient: Screening and Management.

Hospital Practice (Office Edition), 33(4), pp.163-5,169-70.

CULTURAL COMMUNITIES: DIABETES

* Nurss, J.R., El-Kebbi, I.M., Gallina, D.L., et al (1997).

Diabetes in urban African Americans: Functional health literacy of municipal hospital out patients with diabetes.

The Diabetes Educator, 23(5), pp.563-568.

* Nurss, J.R., El-Kebbi, I.M., Ziemer, et al (1996).

Limited functional health literacy of urban African Americans patients with diabetes.

Diabetes, 45(2), pp.68A.

MATERNAL CHILD HEALTH

* Parker, R.M., Williams, M.V., Baker, D.W., et al (1996).

Literacy and contraception: Exploring the link.

Obstetrics and Gynecology, 88(3), pp. 72s-77s.

PATIENT EDUCATION: EMERGENCY MEDICINE

* Baker, D.W., Parker, R.M., Williams, M.V., et al. (1996).

Use and effectiveness of interpreters in and emergency department.

Journal of the American Medical Association, 274, pp.783-788.

PATIENT EDUCATION: NUTRITION

* TenHave, T. R., VanHorn, B., Kumanyika, S., et al. (1997, June).

Literacy assessment in a cardiovascular nutrition education setting.

Patient Education & Counseling, 31(2), pp.139-50.

* Winkleby, M., A., Howard-Pitney, B., Albright, C. A., et al (1997 Nov/Dec).

Predicting achievement of a low-fat diet : A nutrition intervention for adults with low literacy.

Preventive Medicine, 26(6), pp.874-82.

PATIENT LITERACY

* Davis, T.C., Meldrum, H., Tippy, P. K. P., et al (1996, October 15).

Health literacy, part 1. How poor health literacy leads to poor health care.

Patient Care, 30(16), pp.94-100, 103.

* Murphy, P. W., Davis, T. C. & Ventura, M. J. (1997, April).

Don't assume your patient can read.

Office Nurse, 10(4), pp.33-5, 38, 40.

* Pariah, N.S., Parker, R.M., Nurss, et al (1996).

Shame and health literacy: The unspoken connection.

Patient Education & Counseling, pp.33-39.

* Ziegler, J. (1998, April).

How illiteracy drives up health costs.

Business & Health, 16(4), pp.53-4, 57, 61.

PLAIN LANGUAGE MATERIALS

* Wilson, F. L. & McLemore R. (1997 , Nov/Dec).

Patient literacy levels: A consideration when designing patient education material.

Rehabilitation Nursing, 22(6), pp.311-7.